

111TH CONGRESS
2D SESSION

H. R. 5636

To establish Federally Qualified Behavioral Health Centers and to require
Medicaid coverage for services provided by such Centers.

IN THE HOUSE OF REPRESENTATIVES

JUNE 29, 2010

Ms. MATSUI (for herself and Mr. ENGEL) introduced the following bill; which
was referred to the Committee on Energy and Commerce

A BILL

To establish Federally Qualified Behavioral Health Centers
and to require Medicaid coverage for services provided
by such Centers.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community Mental
5 Health and Addiction Safety Net Equity Act of 2010”.

6 **SEC. 2. FEDERALLY QUALIFIED BEHAVIORAL HEALTH CEN-**
7 **TERS.**

8 Section 1913 of the Public Health Service Act (42
9 U.S.C. 300x–3) is amended—

1 (1) in subsection (a)(2)(A), by striking “com-
2 munity mental health services” and inserting “be-
3 havioral health services (of the type offered by feder-
4 ally qualified behavioral health centers consistent
5 with subsection (c)(3))”;

6 (2) in subsection (b)—

7 (A) by striking paragraph (1) and insert-
8 ing the following:

9 “(1) services under the plan will be provided
10 only through appropriate, qualified community pro-
11 grams (which may include federally qualified behav-
12 ioral health centers, child mental health programs,
13 psychosocial rehabilitation programs, mental health
14 peer-support programs, and mental health primary
15 consumer-directed programs); and”;

16 (B) in paragraph (2), by striking “commu-
17 nity mental health centers” and inserting “fed-
18 erally qualified behavioral health centers”; and

19 (3) by striking subsection (c) and inserting the
20 following:

21 “(c) CRITERIA FOR FEDERALLY QUALIFIED BEHAV-
22 IORAL HEALTH CENTERS.—

23 “(1) IN GENERAL.—The Administrator shall
24 certify, and recertify at least every 5 years, federally

1 qualified behavioral health centers as meeting the
2 criteria specified in this subsection.

3 “(2) REGULATIONS.—Not later than 18 months
4 after the date of the enactment of the Community
5 Mental Health and Addiction Safety Net Equity Act
6 of 2010, the Administrator shall issue final regula-
7 tions for certifying non-profit or local government
8 centers as centers under paragraph (1).

9 “(3) CRITERIA.—The criteria referred to in
10 subsection (b)(2) are that the center performs each
11 of the following:

12 “(A) Provide services in locations that en-
13 sure services will be available and accessible
14 promptly and in a manner which preserves
15 human dignity and assures continuity of care.

16 “(B) Provide services in a mode of service
17 delivery appropriate for the target population.

18 “(C) Provide individuals with a choice of
19 service options where there is more than one ef-
20 ficacious treatment.

21 “(D) Employ a core staff of clinical staff
22 that is multidisciplinary and culturally and lin-
23 guistically competent.

24 “(E) Provide services, within the limits of
25 the capacities of the center, to any individual

1 residing or employed in the service area of the
2 center, regardless of the ability of the individual
3 to pay.

4 “(F) Provide, directly or through contract,
5 to the extent covered for adults in the State
6 Medicaid plan under title XIX of the Social Se-
7 curity Act and for children in accordance with
8 section 1905(r) of such Act regarding early and
9 periodic screening, diagnosis, and treatment,
10 each of the following services:

11 “(i) Screening, assessment, and diag-
12 nosis, including risk assessment.

13 “(ii) Person-centered treatment plan-
14 ning or similar processes, including risk as-
15 sessment and crisis planning.

16 “(iii) Outpatient clinic mental health
17 services, including screening, assessment,
18 diagnosis, psychotherapy, substance abuse
19 counseling, medication management, and
20 integrated treatment for mental illness and
21 substance abuse which shall be evidence-
22 based (including cognitive behavioral ther-
23 apy and other such therapies which are
24 evidence-based).

1 “(iv) Outpatient clinic primary care
2 services, including screening and moni-
3 toring of key health indicators and health
4 risk (including screening for diabetes, hy-
5 pertension, and cardiovascular disease and
6 monitoring of weight, height, body mass
7 index (BMI), blood pressure, blood glucose
8 or HbA1C, and lipid profile).

9 “(v) Crisis mental health services, in-
10 cluding 24-hour mobile crisis teams, emer-
11 gency crisis intervention services, and cri-
12 sis stabilization.

13 “(vi) Targeted case management
14 (services to assist individuals gaining ac-
15 cess to needed medical, social, educational,
16 and other services and applying for income
17 security and other benefits to which they
18 may be entitled).

19 “(vii) Psychiatric rehabilitation serv-
20 ices including skills training, assertive com-
21 munity treatment, family psychoeducation,
22 disability self-management, supported em-
23 ployment, supported housing services,
24 therapeutic foster care services, and such

1 other evidence-based practices as the Sec-
2 retary may require.

3 “(viii) Peer support and counselor
4 services and family supports.

5 “(G) Maintain linkages, and where possible
6 enter into formal contracts with the following:

7 “(i) Inpatient psychiatric facilities and
8 substance abuse detoxification and residen-
9 tial programs.

10 “(ii) Adult and youth peer support
11 and counselor services.

12 “(iii) Family support services for fam-
13 ilies of children with serious mental dis-
14 orders.

15 “(iv) Other community or regional
16 services, supports, and providers, including
17 schools, child welfare agencies, juvenile and
18 criminal justice agencies and facilities,
19 housing agencies and programs, employers,
20 and other social services.

21 “(v) Onsite or offsite access to pri-
22 mary care services.

23 “(vi) Enabling services, including out-
24 reach, transportation, and translation.

1 “(vii) Health and wellness services, in-
 2 cluding services for tobacco cessation.”.

3 **SEC. 3. MEDICAID COVERAGE AND PAYMENT FOR FEDER-**
 4 **ALLY QUALIFIED BEHAVIORAL HEALTH CEN-**
 5 **TER SERVICES.**

6 (a) PAYMENT FOR SERVICES PROVIDED BY FEDER-
 7 ALLY QUALIFIED BEHAVIORAL HEALTH CENTERS.—Sec-
 8 tion 1902(bb) of the Social Security Act (42 U.S.C.
 9 1396a(bb)) is amended—

10 (1) in the heading, by striking “AND RURAL
 11 HEALTH CLINICS” and inserting “, FEDERALLY
 12 QUALIFIED BEHAVIORAL HEALTH CENTERS, AND
 13 RURAL HEALTH CLINICS”;

14 (2) in paragraph (1), by inserting “(and begin-
 15 ning with fiscal year 2011 with respect to services
 16 furnished on or after January 1, 2011, and each
 17 succeeding fiscal year, for services described in sec-
 18 tion 1905(a)(2)(D) furnished by a federally qualified
 19 behavioral health center)” after “by a rural health
 20 clinic”;

21 (3) in paragraph (2)—

22 (A) by striking the heading and inserting
 23 “INITIAL FISCAL YEAR”;

24 (B) by inserting “(or, in the case of serv-
 25 ices described in section 1905(a)(2)(D) fur-

nished by a federally qualified behavioral health center, for services furnished on and after January 1, 2011, during fiscal year 2011)” after “January 1, 2001, during fiscal year 2001”;

(C) by inserting “(or, in the case of services described in section 1905(a)(2)(D) furnished by a federally qualified behavioral health center, during fiscal years 2009 and 2010)” after “1999 and 2000”; and

(D) by inserting “(or, in the case of services described in section 1905(a)(2)(D) furnished by a federally qualified behavioral health center, during fiscal year 2011)” before the period;

(4) in paragraph (3)—

(A) in the heading, by striking “FISCAL YEAR 2002 AND SUCCEEDING” and inserting “SUCCEEDING”; and

(B) by inserting “(or, in the case of services described in section 1905(a)(2)(D) furnished by a federally qualified behavioral health center, for services furnished during fiscal year 2012 or a succeeding fiscal year)” after “2002 or a succeeding fiscal year”;

(5) in paragraph (4)—

1 (A) by inserting “(or as a federally quali-
2 fied behavioral health center after fiscal year
3 2010)” after “or rural health clinic after fiscal
4 year 2000”;

5 (B) by striking “furnished by the center
6 or” and inserting “furnished by the federally
7 qualified health center, services described in
8 section 1905(a)(2)(D) furnished by the feder-
9 ally qualified behavioral health center, or”;

10 (C) in the second sentence, by striking “or
11 rural health clinic” and inserting “, federally
12 qualified behavioral health center, or rural
13 health clinic”;

14 (6) in paragraph (5), in each of subparagraphs
15 (A) and (B), by striking “or rural health clinic” and
16 inserting “, federally qualified behavioral health cen-
17 ter, or rural health clinic”; and

18 (7) in paragraph (6), by striking “or to a rural
19 health clinic” and inserting “, to a federally quali-
20 fied behavioral health center for services described in
21 section 1905(a)(2)(D), or to a rural health clinic”.

22 (b) INCLUSION OF FEDERALLY QUALIFIED BEHAV-
23 IORAL HEALTH CENTER SERVICES IN THE TERM MED-
24 ICAL ASSISTANCE.—Section 1905(a)(2) of the Social Se-
25 curity Act (42 U.S.C. 1396d(a)(2)) is amended—

1 (1) by striking “and” before “(C)”; and

2 (2) by inserting before the semicolon at the end
3 the following: “, and (D) federally qualified behav-
4 ioral health center services (as defined in subsection
5 (l)(4))”.

6 (c) DEFINITION OF FEDERALLY QUALIFIED BEHAV-
7 IORAL HEALTH CENTER SERVICES.—Section 1905(l) of
8 the Social Security Act (42 U.S.C. 1396d(l)) is amended
9 by adding at the end the following paragraph:

10 “(4)(A) The term ‘federally qualified behavioral
11 health center services’ means services furnished to
12 an individual at a federally qualified behavioral
13 health center (as defined by subparagraph (B)).

14 “(B) The term ‘federally qualified behavioral
15 health center’ means an entity that is certified under
16 section 1913(c) of the Public Health Service Act as
17 meeting the criteria described in paragraph (3) of
18 such section.”.

19 **SEC. 4. MENTAL HEALTH AND ADDICTION SAFETY NET**
20 **STUDIES.**

21 (a) PAPERWORK REDUCTION STUDY.—

22 (1) IN GENERAL.—Not later than 12 months
23 after the date of the enactment of this Act, the In-
24 stitute of Medicine shall submit to the appropriate
25 committees of Congress a report that evaluates the

1 combined paperwork burden of federally qualified be-
2 havioral health centers certified section 1913(c) of
3 the Public Health Service Act, as inserted by section
4 2.

5 (2) SCOPE.—In preparing the report under
6 paragraph (1), the Institute of Medicine shall exam-
7 ine licensing, certification, service definitions, claims
8 payment, billing codes, and financial auditing re-
9 quirements utilized by the Office of Management
10 and Budget, the Centers for Medicare & Medicaid
11 Services, the Health Resources and Services Admin-
12 istration, the Substance Abuse and Mental Health
13 Services Administration, the Office of the Inspector
14 General, State Medicaid agencies, State departments
15 of health, State departments of education, and State
16 and local juvenile justice and social services agencies
17 to—

18 (A) establish an estimate of the combined
19 nationwide cost of complying with the require-
20 ments described in this paragraph, in terms of
21 both administrative funding and staff time;

22 (B) establish an estimate of the per capita
23 cost to each federally qualified behavioral health
24 center certified under section 1913(c) of the
25 Public Health Service Act to comply with the

1 requirements described in this paragraph, in
2 terms of both administrative funding and staff
3 time; and

4 (C) make administrative and statutory rec-
5 ommendations to Congress, which may include
6 a uniform methodology, to reduce the paper-
7 work burden experienced by such federally
8 qualified behavioral health centers.

9 (3) AUTHORIZATION OF APPROPRIATIONS.—

10 There are authorized to be appropriated to carry out
11 this subsection \$550,000 for each of the fiscal years
12 2012 and 2013.

13 (b) WAGE STUDY.—

14 (1) IN GENERAL.—Not later than 12 months
15 after the date of the enactment of this Act, the In-
16 stitute of Medicine shall conduct a nationwide anal-
17 ysis, and submit a report to the appropriate commit-
18 tees of Congress, concerning the compensation struc-
19 ture of professional and paraprofessional personnel
20 employed by federally qualified behavioral health
21 centers certified under section 1913(c) of the Public
22 Health Service Act, as inserted by section 2, as com-
23 pared with the compensation structure of com-
24 parable health safety net providers and relevant pri-
25 vate sector health care employers.

1 (2) SCOPE.—In preparing the report under
2 paragraph (1), the Institute of Medicine shall exam-
3 ine compensation disparities, if such disparities are
4 determined to exist, by type of personnel, type of
5 provider or private sector employer, and by geo-
6 graphic region.

7 (3) AUTHORIZATION OF APPROPRIATIONS.—
8 There are authorized to be appropriated to carry out
9 this subsection, \$550,000 for each of the fiscal years
10 2012 and 2013.

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